This form is semi-interactive and can be filled out online but must be mailed or faxed to the address noted below.

Mail To: Louisiana Department of Labor

Office of Regulatory Services

P.O. Box 94050

Baton Rouge, LA 70804-9050 Ph:(225)342-2961 Fax:(225) 342-5833

Number of covered workers who worked or received pay for the payroll period which includes the 12th of the month.

EMPLOYER'S ANNUAL WAGE REPORT

the 12th o	f the mon	th								
1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	2. Due Date	3. Year	4. Federal ID N	Ο.	5. State ID No.	6. Rate %	
7. Worker	7. Worker's SSN		8. Worker's		9a. Total Wages		9b. Totat Wages		9d. Total Wages	
		Name		Jan 1 to Mar	31	April 1 to June 3	0	July 1 to Sept 30	Oct 1 to Dec 31	
1					.00		.00	.0.	0	.00
2					.00		.00	.0.	0	.00
3					.00		.00	.0	0	.00
4					.00		.00	.0	0	.00
5					.00		.00	.0	0	.00
6					.00		.00	.0	0	.00
			9. Totals	9a.	.00	9b.	.00	9c(0(9d.	.00
Total wag	es for the	year will	print in Ite	m #8 of the Ar	nnual Rep	ort of Wages Pa	id.	10. Total Wages for the Year		.00
Employer	Name, D.I	3.A. & Add	ress	I certify that	the infor	mation on this re	por	t is true and corre	ct.	
	Signature:			Date:						
				Title:				Phone Number:		

Cut along this line to separate these documents. Reminder: A signature is required on both portions of these forms.

1.	Number of covered workers who worked or
red	ceived pay for the payroll period which includes
the	e 12th of the month

ANNUAL REPORT OF WAGES PAID

the 12th o	f the mont	:h						
1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	2. Due Date	3. Year	4. Federal ID NO.	5. State ID No.	6. Rate %
Employer	Name, D.E	.A. & Add	ress	8. Total wag	es this y	ear.	.00	
				9. Less wages in excess of \$.00	
				10. Taxable wages this year.			.00	
				11. Contributions (tax) due.				
				12. Subtract overpayment from last year.				
				13. Add unde	erpaymer	nt from last year.		
I certify that the information on this				14. Total Rer	nittance (include interest		
form is true and correct.				penalty cha	arges if fi	led after due date.		
Signature:			Date:			Make check payable to: Office of Regulatory Services		
Title: Phone:						P.O. Box 94050 Baton Rouge, LA 70804-9050		

LDOL ES-5/WEB REV. 8/02